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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	PU020473
	<b>First Named Inventor</b>			Valter Drazic et al.	
	<b>COMPLETE IF KNOWN</b>				
	<b>Application Number</b>		/		
	<b>Filing Date</b>				
	<b>Group Art Unit</b>				
				<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LENS SYSTEM FOR AN IMAGER TO IMAGER RELAY

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/430,995	Dec. 4, 2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	Thomson Licensing Inc.		
Address	PO Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	(609-734-6834	(609) 734 -6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Valter	Family Name DRAZIC or-Surname
----------------------	----------------------------------

Inventor's Signature X Valter DRAZIC	Date X 11/27/2003
---	----------------------

Residence: City Betton	State FR	Country France	Citizenship FR
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### Mailing Address

Mailing Address 7 allée du pigeon blanc

City Betton	State	ZIP 35830	Country FR
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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Estill Thone	Family Name HALL, Jr. or Surname
----------------------------	-------------------------------------

Inventor's Signature	Date
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Residence: City Fishers	State IN	Country USA	Citizenship USA
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### Mailing Address

Mailing Address 7904 Dawson Drive

City Fishers	State IN	ZIP 46038	Country USA
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☐ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

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Attorney Docket Number **PU020473**  
First Named Inventor **Valter Drazic et al.**

**COMPLETE IF KNOWN**

Application Number **/**  
Filing Date  
Group Art Unit  
Examiner Name

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City		State		ZIP	
PRINCETON		NJ		08543-5312	
Country		Telephone		Fax	
USA		(609-734-6834)		(609) 734 -6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Valter		Family Name or Surname	
				DRAZIC	
Inventor's Signature				Date	
Residence: City		State		Country	
Betton				France	
				Citizenship	
				FR	
Mailing Address					
Mailing Address 7 allée du pigeon blanc					
City		State		ZIP	
Betton				35830	
				Country	
				FR	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Estill Thone		Family Name or Surname	
				HALL Jr.	
Inventor's Signature		X Estill Thone Hall Jr.		Date	
				X 11-6-03	
Residence: City		State		Country	
Fishers		IN		USA	
				Citizenship	
				USA	
Mailing Address					
Mailing Address 7904 Dawson Drive					
City		State		ZIP	
Fishers		IN		46038	
				Country	
				USA	
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	
	Filing Date	
	First Named Inventor	VALTER DRAZIC et al.
	Title	IMAGER TO IMAGER RELAY LENS SYSTEM
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU020473

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**  
OR  
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

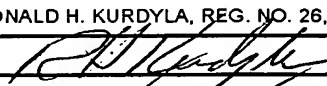
☐ The above-mentioned Customer Number:  
OR  
☐ The address associated with Customer Number:

<input type="checkbox"/> Firm or Individual Name			
Address	THOMSON LICENSING INC.		
Address			
City	State	ZIP	
Country			
Telephone	609-734-6818	Fax	609-734-6888

I am the:

☐ Applicant/Inventor.  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	RONALD H. KURDYLA, REG. NO. 26,932		
Signature			
Date	5-27-05	Telephone	609-734-6818

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
THOMSON LICENSING S.A.**

We,

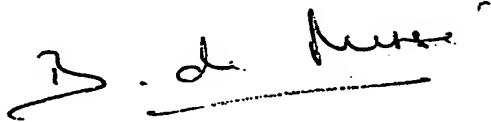
THOMSON Licensing S.A..  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

do hereby grant

Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 15 day of March, in the year 2004.



SIGNED

**POWER OF ATTORNEY**  
**THOMSON LICENSING S.A.**

THOMSON Licensing S.A.  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

does hereby grant


Joseph J. Laks - Vice President  
Irwin M. Krittman - Vice President  
Harvey D. Fried - Manager  
Ronald H. Kurdyla - Manager  
Robert D. Shedd - Manager

*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from March 11, 2003.

DATED this 17<sup>th</sup> day of March, 2004.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON Licensing S.A.

WITNESS

David Fournier

**POWER OF ATTORNEY**  
**THOMSON LICENSING S.A.**

THOMSON Licensing S.A.  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France

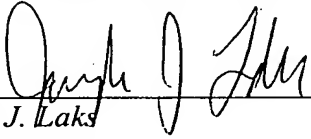
does hereby grant

Patricia A. Verlangieri  
*Sr. Patent Counsel*  
*Thomson Licensing Inc.*  
*Two Independence Way*  
*Princeton, New Jersey 08540*

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SIGNED

  
Joseph J. Laks  
*Vice President*  
*Thomson Licensing Inc. and*  
*Attorney In Fact for*  
*THOMSON Licensing S.A.*

WITNESS

David Fournier